Gender differences in jurors' perceptions of infanticide involving disabled and non-disabled infant victims

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ABSTRACT

Objectives: The present study investigated the influence of juror gender and infant victim disability on jurors’ reactions to infanticide cases.

Methods: Participants (men and women undergraduates) read a summary of a mock trial involving alleged father-perpetrated infanticide. The infant was described as severely mentally disabled or as not disabled. Participants completed a series of case-related judgments (e.g., guilt; sentence; and empathy, sympathy, and similarity toward the defendant and victim).

Results: There were pervasive gender differences such that compared to men, women mock jurors rendered more guilty verdicts, perceived the father/defendant as having greater intent to kill his infant, and felt less similar to the defendant. Compared to men, women also believed the father was more responsible and the pneumonia was less responsible for the infant’s death, had less sympathy and empathy for the defendant, endorsed more negative beliefs about the father, and were more likely to believe the infant was a unique person. Mediational analyses revealed that these statistically significant effects were explained, in part, by gender differences in attitudes toward the defendant. Further, whether the infant victim was portrayed as severely disabled (versus developmentally normal) had little effect on central case judgments such as verdict, but jurors who believed the infant was severely disabled gave significantly shorter sentences to the defendant, were less likely to perceive the defendant as mentally ill, and felt significantly less empathy for and similarity to the infant victim.

Conclusions: Although juror gender consistently predicted juror’s judgments, there were fewer effects of disability status. Even so, bias against disabled infants manifested for several dependent variables.

Practical implications: This research can inform legal professionals about the potential for bias in juror decision-making, and in turn, help facilitate fairness and justice for the youngest and most vulnerable victims of child abuse.

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Introduction

Each year thousands of children are killed, often at the hands of their parents. In 2006, for example, 1,530 children were murdered (US Department of Health and Human Services, Administration for Children and Families, 2008). Some children, especially children with disabilities (Child Welfare Information Gateway, 2001) and very young children, are particularly susceptible to fatal maltreatment. For example, in 2006, infants under 1 year of age suffered the highest rates of fatal abuse of any age group—24.4 per 1,000 infants (US Department of Health and Human Services, Administration for Children and Families, 2008). In 2005, 205 children under 1 year of age were murdered (Bureau of Justice Statistics, 2007). This may be a severe underestimate of the actual number of child murders. In a study of child deaths in Colorado from 1990 to 1998, Crume, DiGuiseppi, Byers, Sirotnak, and Garrett (2002) found that half of all child maltreatment fatalities were not reported as such on the death certificate, especially when the perpetrator was the child’s parent.

If infanticide is reported, perpetrators of fatal child maltreatment can be charged with murder and tried in front of a jury. Thus, it is important to investigate jurors’ reactions to these cases and to explore factors that might influence jurors’ decisions. Unfortunately, there is very little research on these issues. Finkel, Burke, and Chavez (2000) asked undergraduate mock jurors to assess several case vignettes describing different types of mother-perpetrated infanticide. Women, on average, rendered harsher verdicts than men—a finding the authors did not anticipate because they expected women to empathize with the woman defendant more than would men. In a separate study examining undergraduates’ perceptions of infanticide, Dunn, Cowan, and Downs (2006) found no effects of juror gender. Yet in another vignette study by Ferguson, Miller-Stratton, Heinrich, Fritz, and Smith (2008), compared to men, men participants rated a defendant as more culpable and were less likely to rate the defendant as mentally ill. The present research explored father-perpetrated infanticide to investigate further juror gender differences in reactions to infanticide cases. In addition, another potentially important victim factor was studied: whether the infant victim had a severe disability.

Juror gender

One of the most robust and widely replicated findings in the literature on jurors’ perceptions of child sexual abuse is that, on average, women are more likely than men to render pro-prosecution case judgments such as guilty verdicts, higher ratings of child credibility, and lower ratings of child responsibility (Bottoms, Davis, & Epstein, 2004; Bottoms, Nyssë–Caris, Harris, & Tyda, 2003; Gabara, Spanos, & Joab, 1993; Golding, Stewart, Yozwiak, Djadali, & Sanchez, 2000; Haegerich & Bottoms, 2000; McCauley & Parker, 2001; Quas, Bottoms, Haegerich, & Nyssë–Caris, 2002; Schmidt & Brigham, 1996; for a review, see Bottoms, Golding, Stevenson, Wiley, & Yozwiak, 2007). There is little evidence of gender differences in literature exploring jurors’ reactions to cases that do not involve abuse-related or gendered issues (Devine, Clayton, Dunford, Seying, & Pryce, 2001).

Gender is, of course, merely a proxy for underlying psychological variables and life experiences that happen to cluster with sex and societal constructions of gender. That is, men and women differ in attitudes, feelings, and attributional tendencies relevant to the crime of child sexual abuse. For example, women are more likely than men to make stable and internal attributions of causality and blame to child sexual abuse perpetrators (Beling, Hudson, & Ward, 2002) and women react more negatively than men to child sexual abuse (e.g., Corder & Whiteside, 1988; Finlayson & Kooker, 1991; Kovera, Borgida, Gresham, Swim, & Gray, 1993). Men are also more likely than women to endorse what might be termed “child sexual abuse myths” such as, “A child who does not display signs of distress probably has not been a victim of sexual assault” (Morison & Greene, 1992), just as men are more likely to endorse adult rape myths (Burt & Albin, 1981). Bottoms (1993) and Bottoms, Stevenson, and Wiley (2005) found that compared to men, women have more empathy for children, consider children to be more generally believable, and react more negatively to adult/child sexuality. Further, they found that these gender differences in attitudes, especially differences in empathy and attitudes toward children’s general believability, accounted for gender differences in case judgments. The fact that men and women come to have such distinct beliefs and reactions to child sexual abuse might be linked to the internalization of societal gender roles, which demand women to be more caring, empathic, and child-oriented than men (e.g., Barnett & Sinisi, 1990; Gilligan, 1982; but see Maynard & Wiederman, 1997, who found that participants with more traditional gender-role attitudes did not rate child abuse scenarios as any less abusive). Another possibility, in line with the internalization of societal gender roles, is that women generally are the primary caretakers for their families, which would lead them to be closer to their children (Hochschild & Machung, 2003). These differences might also be linked to women’s disproportionately higher rate of sexual victimization, which might lead to a heightened tendency to identify with other victims and to be personally concerned with issues of abuse (Bottoms, 1993; Haegerich & Bottoms, 2000).

There are at least five studies investigating gender differences in adults’ reactions to other forms of child abuse. Muller, Caldwell, and Hunter (1993) found that men were more likely than women to blame a child for the child’s own physical abuse. Dukes and Kean (1989) found that women undergraduates rated vignettes depicting child psychological abuse, physical abuse, and neglect as more abusive than did men undergraduates. Kean and Dukes (1991) replicated this finding with men and women members of a jury pool, police officers, and Child Protective Services workers. Ferguson et al. (2008) found the opposite—that men undergraduates, compared to women, reacted slightly more negatively to vignettes depicting abuse. Finally, as mentioned previously, in a study of reactions to vignettes depicting mother-perpetrated infanticide, Finkel et al. (2000) found that compared to men, women were significantly harsher in their verdicts and more pro-prosecution oriented overall.
The present study employed a mock trial paradigm to extend Finkel and colleagues' research (2000) by exploring, for the first time, jurors' reactions to father-perpetrated infanticide cases. Studying reactions to father-perpetrated infanticide in a legal context is more ecologically valid because fathers are more likely than mothers to be charged, convicted, and punished harshly in cases of infanticide (e.g., Brewster et al., 1998; Dobson & Sales, 2000; Marks & Kumar, 1993; West, Friedman, & Resnick, 2009). In the mock trial case used in this study, the defense argues that the infant had been suffering from pneumonia and died naturally from this illness, whereas the prosecution argued that the father smothered the infant to death.

Women mock jurors, compared to men, were predicted to make more pro-prosecution judgments (harsher verdicts, longer sentences, more attributions of intent to kill and of blame to the defendant and his spouse, and less belief that the infant died naturally of pneumonia). Potential mediators of these gender differences were also tested, and it was predicted that attributions about the father (the degree to which he was perceived as a bad or dangerous person) and beliefs about the infant's worth would underlie gender differences in case judgments. That is, because previous research shows that women tend to make more internal attributions about perpetrators of child abuse (e.g., that the defendant is dangerous) than do men (Beling et al., 2002), it was expected that such beliefs would account for women making harsher judgments than men in cases of infanticide. In addition, because women tend to make more pro-prosecution judgments in general in cases of child abuse (see Bottoms et al., 2007 for a review), it was expected that women would be more likely to perceive an infant as a true and unique person than would men, which in turn would account for women making more punitive judgments than men in infanticide cases.

Infant disability

Children with disabilities are even more susceptible to maltreatment than children without disabilities (Child Welfare Information Gateway, 2001). For example, in 2006, 8% of child abuse victims had a reported disability, a number that is considered to be an underestimate (US Department of Health and Human Services, Administration for Children and Families, 2008). Furthermore, infants with disabilities are suspected to be at increased risk for abusive head injury (Hennes, Kini, & Palusci, 2001), a leading cause of non-accidental deaths among infants and young children (Graupman & Winston, 2006).

Newspaper accounts suggest that parents who murder their children who have disabilities are often given probation, acquitted, or sometimes even praised for their “heroic” acts in ending their children’s suffering. For example, in 1995 a mother starved to death her child who had cerebral palsy. The doctor who conducted the child’s autopsy called it “the most heinous and hideous thing” he had ever seen, yet the mother was sentenced to only 5 years in prison (Rundle, 2006). In 1984, a man was sentenced to only 5 years for killing his daughter who had Downs syndrome. The judge said he thought the father might have been traumatized by having a child with a disability (Sobsey, 2000). In China, where tax evasion is punishable by death, a woman was given a 3-year suspended sentence in 2007 for smothering her paralyzed 20-year-old daughter. The judge in the case stated that “the mounting psychological burden proved unbearable for her” (Hongjiang, 2008). In 2004, an English man confessed to murdering his severely disabled son. His first trial ended in a hung jury and he was given a 2-year suspended sentence in his second trial (Jones, 2008).

Why would jurors and judges be more lenient in fatal child maltreatment cases when the victim had a disability? Public attitudes toward infants, children, and adults with physical or mental disabilities are largely negative (Deal, 2003; Turnbull, 1986). Parish, Dyck, and Kappes (1979) found that generally, people have more negative attitudes toward children who are labeled learning disabled, mentally retarded, and emotionally disturbed than toward children who are labeled normal, gifted, and physically handicapped, even special education majors, who might be expected to have especially positive attitudes toward people with disabilities. Katz (1981) has suggested that people have a tendency to dislike those who cause them to feel fear or guilt, reactions that people sometimes have toward people with disabilities. In fact, when given an opportunity to justify harm-doing behavior by denigrating their victim, participants in a study by Katz, Glass, Lucindo, and Farber (1977) denigrated victims with disabilities more than victims without disabilities—perhaps in an effort to reduce their guilt by lowering the worth of the person they injured.

Just as anecdotal accounts suggest that parents who kill their disabled infants sometimes receive light sentences, in the present study it was predicted that jurors’ case judgments would be more lenient when a father is accused of murdering an infant who had severe disabilities compared to an infant with no disabilities. Theoretically, negative attitudes toward people with disabilities lead to more general discriminatory behavior. Thus, negative attitudes and reactions toward people with disabilities in general, and infants with disabilities specifically, might lead to biased judgments in a trial involving the alleged infanticide of a severely disabled infant. Jurors might consider an infant with disabilities as less human and less worthy of life than an infant without disabilities. In turn, they may have less punitive reactions toward a parent who murders an infant with disabilities.

Further, Turnbull (1986) suggests that when a child is conceived, parents immediately begin to fantasize about the “perfect” child, and are disappointed if an “imperfect” newborn arrives. Parents with a congenitally deformed infant are often tormented with extreme feelings of anguish, anxiety, and guilt in the first days of the child’s life (Rue, 1985). Some jurors might empathize with the parent, intuiting these reactions and the difficulties concomitant with caring for an infant with special needs. This could also account for less punitive case judgments. To explore these possible mediators, jurors’ attitudes were assessed toward disabled infants and empathy for parents of disabled infants. Jurors might also react differently to
cases involving a disabled versus non-disabled infant because they feel more similar to a non-disabled than a disabled infant and/or more similar to the parent of a non-disabled than disabled infant. 

Haegerich and Bottoms (2000) found evidence of a similarity-leniency bias in their study of child sexual assault allegations in a patricide trial. Specifically, as participants’ perceived similarity increased toward a sexually molested juvenile charged with murdering her abusive father, the severity of their case judgments decreased. Thus, in this study, feelings of similarity toward the victim and defendant were also assessed, with the expectation that these might emerge as mediators of the main effects of disability status and gender, respectively. Finally, compared to women, men have more negative attitudes toward people with disabilities (Rosenblum & Budde, 1982). Thus, although main effects of juror gender differences were predicted in reactions to all cases, the biasing effect of an infant’s disability status was expected to be even more pronounced for men than for women mock jurors. To summarize, attitudes toward disabled infants, attitudes toward the defendant, and empathy, sympathy, and similarity for the defendant and infant were expected to be potential mediators for case judgments.

Design and overview

The present mock trial study conformed to a 2 (juror gender) × 2 (infant disability status: with versus without disabilities) between-subjects design. Participants were asked to assume the role of juror and consider a summary of a case involving a father on trial for murdering his infant. In the case summary, the prosecution argues that the father/defendant smothered the infant out of frustration; the defense argues that the child’s asphyxiation was caused by pneumonia. The infant was portrayed as developmentally normal or as severely disabled due to a rare congenital brain defect. After receiving legally appropriate juror instructions, the mock jurors completed measures of (a) case judgments: verdict, sentence, ratings of the defendant’s intent, and attributions of blame and responsibility to the defendant, his spouse, and the pneumonia; (b) feelings of empathy, sympathy, and similarity to the infant and defendant; and (c) beliefs about the father’s dangerousness, the father’s mental illness, and the infant’s worth. We first present the results of a series of ANOVAs exploring the influence of juror gender and infant disability status on all case judgments, followed by a series of correlations and mediation analyses.

Method

Participants

Participants were 177 undergraduates (51% women) who were recruited from an Introductory Psychology subject pool at a large Midwestern university and participated in return for class credit. An additional 44 participants were dropped because they put the incorrect answer in response to our manipulation check questions. Specifically, 34 provided an incorrect age for the infant and 10 chose the wrong disability status for the infant (all 10 were in the disabled condition but said that the infant was not disabled). The majority of people who missed the manipulation check incorrectly indicated that the infant was 3 months old instead of 3 weeks old.

The sample was ethnically diverse (43% Caucasian, 11% African American, 17% Latino/Latina, 24% Asian/Pacific Islander, 5% other) and composed of jury-eligible US citizens aged 18 years or older (M = 19.2 years). There were approximately equal numbers of participants in each of the four experimental cells (42 males in the non-disabled infant condition, 47 females in the non-disabled infant condition, 44 males in the disabled infant condition, and 44 females in the disabled infant condition).

Materials

Materials included a character sheet, a case scenario, jury instructions, and a packet of case-related judgments that served as dependent measures. The last author, a former practicing Assistant State’s Attorney (prosecutor) in Illinois, reviewed all materials to ensure their realism. A physician who specializes in child abuse reviewed the medical aspects of case materials for accuracy and realism.

Character sheet. Participants were given a 1-page character sheet containing the name, profession, age, race/ethnicity (all were Caucasian), and gender of people who were involved in the case scenario: (a) the deceased infant; (b) the defendant (i.e., the infant’s father); (c) the prosecution witnesses (a police officer, a medical examiner, and the defendant’s neighbor); and (d) the defense witnesses (the defendant’s wife and the family pediatrician).

Case scenario. Participants read a detailed 5-page scenario depicting The People of Illinois versus Alan Morris, a murder trial constructed using facts from actual cases of infanticide tried in Illinois. The scenario described a case involving a 3-week-old infant, Daniel, who was found dead in his crib by his mother. His father was accused of the murder and the family was portrayed as upper-middle-class. The scenario began with a 1-page preview of the case facts and testimony. Next, there were opening statements from the prosecuting and defense attorneys, followed by summaries of testimony (peppered with supposed direct quotations) from prosecution witnesses and defense witnesses. The trial summary ended with the closing statements of the prosecuting and defense attorneys.

In the case, the prosecution argued that the father smothered the infant to death with a towel during the night out of anger and frustration when the infant would not stop crying. The defense argued that pneumonia was the cause of death.
The first prosecution witness, a police officer, testified that the father initially did not seem upset and claimed that bruising around the infant’s nose was caused when he wiped the infant’s running nose. But the officer also testified that the father changed his story several times days later and eventually confessed to holding a towel over the infant’s face to muffle the child’s incessant screaming. The second prosecution witness, the medical examiner, testified that she noticed suspicious bruising on the infant’s nose and mouth consistent with suffocation and reported the infant’s death as a possible homicide. She continued by saying that although it was a possibility that pneumonia was a cause of death, in her opinion, the infant died from forcible suffocation. The third prosecution witness, the defendant’s next-door neighbor, testified that the father had a temper, that the infant was difficult to deal with, that things were not good at home because the infant was sick, that the father felt his life was wasted by having a child too early, and that the father had told him that he wished he did not even have a child.

The first defense witness, the defendant’s wife, provided a positive character assessment of her husband and testified that, although they were both under a great deal of stress because of the infant’s illness, he would not have harmed the infant. There is a second defense witness only in the disabled condition: The family’s pediatrician testified that the infant was “severely mentally retarded,” having been “born with a rare congenital brain defect called lissencephaly, a severe and irreversible abnormality in the brain structure that develops before birth that causes severe mental retardation,” and that if the infant had lived, he would have been severely mentally retarded for the rest of his life, probably requiring institutionalization.

The defense used the medical examiner’s cross-examination testimony to argue that the infant died of pneumonia, as the medical examiner testified that the infant had an advanced case of the infection and would have been weakened considerably. However, the medical examiner stated that in her opinion, pneumonia was not the cause of death.

Finally, there were closing arguments from the prosecutor and defense attorney. The prosecutor called for a first-degree murder verdict, arguing that the suffocation took intent and force. The defense attorney called for acquittal, citing pneumonia as a possible cause of the infant’s death.

The disability manipulation was contained chiefly in the pediatrician’s testimony, but was also conveyed in several other places in the case scenario; for example, the preview mentions that “[the infant] was born with a rare brain defect which caused him to be mentally retarded,” and in his opening statement, the prosecutor mentions that the infant is “severely mentally retarded.” In the non-disability condition, all passages referring to disability are omitted, and the family’s pediatrician does not testify.

All other case details were the same across disability conditions. For analyses, the non-disabled condition was coded as “1” and the disabled condition was coded as “2.”

Jury instructions. Participants read the actual Illinois Pattern Jury Instructions that would be given in such a case. These instructions directed jurors to consider all the facts in evidence and described the three potential verdicts for this crime in the state of Illinois: not guilty, guilty of reckless conduct, and guilty of first-degree murder. The instructions told jurors to apply the law, not be influenced by sympathy nor prejudice, and to consider as evidence only the testimony of the witnesses taking into account factors such as witness ability, opportunity to observe, age, memory, and bias. The instructions also described each verdict, instructing jurors to choose (a) reckless conduct (consciously disregarding a substantial, unjustifiable risk, constituting a gross deviation from the standard of care which a reasonable person would use) if they believe beyond a reasonable doubt that the defendant recklessly performed an act in which he caused bodily harm and endangered the bodily safety of the infant; (b) first degree murder if they believe, beyond a reasonable doubt, that the defendant either intended to kill, inflict great bodily harm on, or knew that his acts would cause the death of the infant, OR that the defendant knew that the acts he performed would cause a strong probability of death or great bodily harm to the infant; or (c) not guilty if they do not believe the conditions of the two verdicts were met.

Case judgments: Verdict, sentence, intent, and responsibility. Participants also rated how believable they perceived each witness to be, ranging from 1 (extremely unbelievable) to 6 (extremely believable). This is not discussed further because there was only one marginally significant main effect of juror gender on ratings of only one of the witnesses.

Guilt was coded as a three-point guilt score scale: 0 (not guilty of reckless conduct or first-degree murder), 1 (guilty of reckless conduct), and 2 (guilty of first-degree murder). Participants who believed the defendant was guilty were asked to recommend a sentence (in years). Next, all participants responded on a scale ranging from 1 (strongly disagree) to 6 (strongly agree) to the item, “The defendant, Alan Morris, intended to kill Daniel Morris.”

Three separate 2-item scales were used to measure attributions of responsibility to the defendant (α = .92), mother (α = .86), and pneumonia (α = .88). The first item in each scale was “To what extent do you feel the [defendant/mother/the baby’s sickness, pneumonia, respectively] was responsible for the death of the baby?” which was answered on a scale ranging from 1 (not at all responsible) to 5 (completely responsible). The second item was “To what extent do you blame the [defendant/mother/pneumonia, respectively] for the death of the baby?”, answered on a scale ranging from 1 (I do not blame him/her/it at all) to 5 (I completely blame him/her/it).

Sympathy, similarity, and empathy ratings. Separate multi-item scales from prior research (Haegerich & Bottoms, 2000) were used to measure the conceptually related but distinct constructs of participant empathy, sympathy, and similarity toward the victim and defendant. Although similar, sympathy differs from empathy in that empathy is defined as a cognitive and affective understanding of the thoughts or emotions of others, whereas sympathy is defined as emotions of sorrow for
another person, but not necessarily understanding of the other person’s perspective (Eisenberg & Miller, 1987). All items had 7-point response scales ranging from 1 (strongly disagree) to 7 (strongly agree).

There were 7 items to measure perceived empathy for the defendant and victim: “I have empathy for the defendant/baby,” “I can really see myself in the defendant’s/baby’s shoes,” “I can really feel what the defendant/baby must have been feeling the night of the incident,” “I can take the perspective of the defendant/baby, and understand why the incident occurred,” “I know what it would be like to be the defendant/baby,” “I can experience the same feelings that the defendant/baby experienced,” and “I can really imagine the thoughts running through the defendant/baby’s head.” Coefficient alpha scale reliability analyses revealed that the resulting 7-point scale was a reliable measure of defendant empathy (α = .83) but indicated that the first item for the victim scale should be dropped, resulting in a reliable 6-item scale for victim empathy (α = .86).

Three items measured perceived defendant and victim sympathy: “I feel sorry for the defendant/baby,” “I have pity for the defendant/baby,” and “I have sympathy for the defendant/baby.” Coefficient alpha analyses revealed that internal reliability was acceptable for the defendant sympathy scale (α = .81) after dropping the pity item, but lower for the victim sympathy scale (α = .57), even after dropping the weakest item (“feel sorry for”).

Perceived similarity was measured with 2 items: “I feel similar to the defendant/baby,” and “I think I have a lot of things in common with the defendant/baby.” There was acceptable reliability for the defendant (α = .72) and victim (α = .69) versions of these scales.

The inter-correlations among each of these scales are as follows: (a) between victim sympathy and victim empathy, r = .12, ns; (b) between victim sympathy and victim similarity, r = .19, p < .05; (c) between victim empathy and similarity, r = .78, p < .01; (d) between defendant sympathy and empathy, r = .59, p < .01; (e) between defendant sympathy and similarity, r = .55, p < .01; and (f) between defendant empathy and similarity, r = .62, p < .01.

Beliefs related to the case. Nine items measured participants’ beliefs about various aspects of the case: (a) “The infant was too young to really be considered a ‘person’ yet, in the fullest sense of the word ‘person’;” (b) “The infant was too young to really make a unique contribution to society;” (c) “The defendant is prone to violence;” (d) “The defendant is needed at home;” (e) “I can understand how the defendant could have been frustrated enough to put a towel over another person, but not necessarily understanding of the other person’s perspective (Eisenberg & Miller, 1987). All items had 7-point response scales ranging from 1 (strongly disagree) to 7 (strongly agree).” The defendant is prone to violence;” (f) “The defendant was mentally ill at the time of the infant’s death;” (g) “The defendant should be hospitalized for psychological problems;” (h) “The defendant is needed at home;” and (i) “I can understand how the defendant could have been frustrated enough to put a towel over the infant’s face.” The 9 items were answered on a scale ranging from 1 (strongly disagree) to 6 (strongly agree).

A factor analysis with varimax rotation was conducted on the 9 items assessing participants’ beliefs related to the case. Three factors emerged, and scales created from these factors were reliable. The first factor (eigenvalue = 3.00), which formed the “Beliefs about the Father Scale” (coefficient α = .83), included 4 items assessing beliefs about whether the defendant was: (a) prone to violence (factor loading = .82); (b) a threat (factor loading = .80) (c) needed at home (factor loading = .71; reverse scored in the scale); and (d) a criminal (factor loading = .84). Higher values on this scale indicate more negative attitudes toward the defendant. The second factor (eigenvalue = 1.83), which formed the “Father Mental Illness Scale” (α = .72), included 2 items about the defendant’s mental illness at the time of the infant’s death (factor loading = .85) and whether he should be hospitalized (factor loading = .81). Higher values on this scale indicate more belief that the defendant was mentally ill. The third factor (eigenvalue = 1.40) included 2 items about the infant’s personhood (factor loading = .81) and the infant’s contribution to society (factor loading = .79), but also the item measuring jurors’ ability to understand how the defendant could have been frustrated enough to smother the infant (factor loading = .58). Because this third item neither fit conceptually with the other two items nor loaded well on the factor we dropped the third item and conducted analyses on a 2-item “Infant Worth Scale.” Higher values on this scale indicate that an infant has less worth.

Manipulation checks. Following the case judgments were manipulation check questions asking participants to provide the exact age of the infant and to state whether or not the infant was portrayed as having a mental disability.

Demographic questionnaire. Demographic questions focused on participants’ age, gender, US citizenship, and race/ethnicity.

Procedure

Mock jurors participated in mixed-gender sessions of 5–12 people. Individual jurors were randomly assigned to the 2 experimental conditions, with the exception that approximately equal numbers of men and women were assigned to each condition. Participants gave informed consent in written and verbal form, in keeping with approved IRB procedures. For example, participants were told that they would be reading about a criminal case involving a case of fatal child abuse, that their participation was completely voluntary and they could stop any time (especially if they felt upset by the subject matter) and still receive full class credit, and that their data would be held in strict confidence and stored securely in our university laboratory.

After participants gave informed consent, the experimenter emphasized to participants the importance of taking their role as juror seriously. Participants were given time to review the character sheets and asked to visualize the characters. Participants then read the case scenario and the Illinois Pattern Jury Instructions. Then, they rendered case judgments. Participants were allowed to look at the jury instructions as they completed their judgments, but not the case scenario or the "Beliefs about the Father Scale" (coefficient α = .83), included 4 items assessing beliefs about whether the defendant was: (a) prone to violence (factor loading = .82); (b) a threat (factor loading = .80) (c) needed at home (factor loading = .71; reverse scored in the scale); and (d) a criminal (factor loading = .84). Higher values on this scale indicate more negative attitudes toward the defendant. The second factor (eigenvalue = 1.83), which formed the "Father Mental Illness Scale" (α = .72), included 2 items about the defendant’s mental illness at the time of the infant’s death (factor loading = .85) and whether he should be hospitalized (factor loading = .81). Higher values on this scale indicate more belief that the defendant was mentally ill. The third factor (eigenvalue = 1.40) included 2 items about the infant’s personhood (factor loading = .81) and the infant’s contribution to society (factor loading = .79), but also the item measuring jurors’ ability to understand how the defendant could have been frustrated enough to smother the infant (factor loading = .58). Because this third item neither fit conceptually with the other two items nor loaded well on the factor we dropped the third item and conducted analyses on a 2-item “Infant Worth Scale.” Higher values on this scale indicate that an infant has less worth.

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Table 1
Verdict percentages by study condition.

<table>
<thead>
<tr>
<th>Verdict</th>
<th>Not guilty</th>
<th>Guilty of reckless conduct</th>
<th>Guilty of first-degree murder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Non-disabled</td>
<td>4.3%</td>
<td>55.3%</td>
<td>40.4%</td>
</tr>
<tr>
<td>Disabled</td>
<td>4.5%</td>
<td>54.5%</td>
<td>40.9%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled</td>
<td>7.1%</td>
<td>59.9%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Disabled</td>
<td>13.6%</td>
<td>65.9%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Note: Mean guilt was 1.27, on a scale coded as 0 (not guilty), 1 (guilty of reckless conduct), 2 (guilty of first-degree murder).

case sheet, keeping with actual trial procedure. Finally, participants completed manipulation checks and demographic information, were debriefed, thanked, and given class credit.

**Results**

Collapsed across gender and disability status, 7% of jurors found the defendant not guilty, 59% of jurors found the defendant guilty of reckless conduct, and 34% of jurors found the defendant guilty of first-degree murder. Thus, the case was sufficiently ambiguous to produce variability in judgments. The percentage of guilty verdicts rendered by condition is shown in Table 1.

Two (juror gender) \(\times\) 2 (infant disability status: with versus without disabilities) between-subjects analyses of variance (ANOVAs) were conducted on all dependent measures. After this, we conducted correlations and mediation analyses. The ANOVAs revealed no significant interactions between juror gender and disability status. There were, however, significant main effects of juror gender and of disability status.

**Case judgments**

**Main effects of juror gender.** In support of the present study’s predictions, significant main effects of juror gender were pervasive. As seen in Table 2, women jurors rendered significantly higher guilt scores than did men, \(F(1, 173) = 6.85, p < .01\), but similar sentence recommendations (among jurors who voted guilty of either reckless conduct or first degree murder, \(N = 128\), \(F(1, 124) = 0.12, ns\). Because the verdict measure is a 3-level variable that can be interpreted as a meaningful continuous variable (the higher the value, the harsher the verdict), we were justified in treating this variable as a continuous

Table 2
Case judgments as a function of juror gender (standard deviations noted parenthetically).

<table>
<thead>
<tr>
<th>Case judgments</th>
<th>Juror gender means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marginal means</td>
</tr>
<tr>
<td>Verdict</td>
<td>1.27 (0.59)</td>
</tr>
<tr>
<td>Sentence</td>
<td>16.06 (14.76)</td>
</tr>
<tr>
<td>Defendant intent to kill</td>
<td>3.23 (1.56)</td>
</tr>
<tr>
<td>Defendant responsibility scale</td>
<td>3.68 (1.07)</td>
</tr>
<tr>
<td>Mother responsibility scale</td>
<td>1.70 (0.78)</td>
</tr>
<tr>
<td>Pneumonia responsibility scale</td>
<td>2.37 (0.94)</td>
</tr>
<tr>
<td>Defendant sympathy scale</td>
<td>3.63 (1.78)</td>
</tr>
<tr>
<td>Defendant similarity scale</td>
<td>2.15 (1.26)</td>
</tr>
<tr>
<td>Defendant empathy scale</td>
<td>3.03 (1.21)</td>
</tr>
<tr>
<td>Victim sympathy scale</td>
<td>5.79 (1.37)</td>
</tr>
<tr>
<td>Victim similarity scale</td>
<td>2.51 (1.39)</td>
</tr>
<tr>
<td>Victim empathy scale</td>
<td>2.80 (1.42)</td>
</tr>
<tr>
<td>Beliefs about infant and father</td>
<td>3.55 (1.09)</td>
</tr>
<tr>
<td>Beliefs about the father scale</td>
<td>2.41 (1.09)</td>
</tr>
<tr>
<td>Infant worth scale</td>
<td>1.92 (1.12)</td>
</tr>
</tbody>
</table>

Note: Verdict was rated as 1 (not guilty), 2 (guilty of reckless conduct), or 3 (guilty of first-degree murder). Sentence was written in by subjects in years when they chose a guilty verdict. Defendant intent to kill was rated from 1 (no intent) to 6 (full intent). Defendant, mother, and pneumonia responsibility was rated from 1 (not at all responsible) to 5 (completely responsible). Defendant and victim sympathy, empathy and similarity scales were rated from 1 (strongly disagree) to 7 (strongly agree), where lower scores indicate less sympathy, similarity, and empathy.

\(a\) Significant main effect of juror gender, all \(Fs \geq 5.08, ps < .05\).
\(b\) Significant main effect of disability status, all \(Fs > 4.09, p < .05\).
\(c\) These scales are rated on a 6-point scale. Beliefs about the father scale is rated with higher scores indicating more negative beliefs about the father. Defendant mental illness scale is rated with higher scores indicating a stronger belief that the defendant is mentally ill. Infant worth scale is rated with higher scores indicating less belief in the infant’s personhood.
dependent measure in an analysis of variance. Even so, because this 3-level judgment has limited variability, we replicated our analyses using multinomial regression allowing verdict to be treated as a categorical 3-level dependent measure. Results remained the same.

Five recommended outlier sentences that were more than 3 standard deviations above the mean (3 instances of 100 years and 1 instance each of 115 and 200 years) were removed from analyses.

Compared to men, women jurors attributed significantly more intent to kill to the defendant, $F(1, 172) = 5.67, p < .05$, more responsibility for the death to the defendant, $F(1, 172) = 6.95, p < .01$, and less responsibility to the infant’s pneumonia, $F(1, 171) = 9.18, p < .01$. Men and women did not differ in terms of responsibility attributed to the mother, $F(1, 170) = 1.61, ns$.

**Main effects of disability.** Contrary to expectations, jurors were no more likely to convict the father when he was accused of killing an infant with disabilities versus an infant without disabilities, $F(1, 173) = 1.22, ns$. There was, however, a significant main effect of the infant’s disability status on sentence recommendation: Jurors who read about an infant with disabilities recommended significantly shorter sentences ($M = 13.42$ years, $SD = 11.22$) for the defendant than did those who read about an infant with no disabilities ($M = 18.69$ years, $SD = 17.30$), $F(1, 124) = 4.09, p < .05$. There were no significant main effects of disability status on other case-related judgments, including ratings of defendant intent to kill and attributions of responsibility, all $Fs \leq 3.06, ns$.

**Defendant and victim sympathy, similarity, and empathy ratings**

**Main effects of juror gender.** Compared to women jurors, men felt significantly more sympathy for the defendant, $F(1, 171) = 12.38, p < .01$, more empathy for the defendant, $F(1, 172) = 5.68, p < .05$, and more similarity toward the defendant, $F(1, 171) = 8.86, p < .01$ (see Table 2 for all means). There were no significant gender differences, however, in jurors’ sympathy for the infant victim (which was quite high overall), nor jurors’ feelings of similarity and empathy for the victim, all $Fs \leq 0.94, ns$.

**Main effects of disability.** There were no significant main effects of disability status on jurors’ feelings of sympathy for, empathy for, nor similarity toward the defendant, all $Fs \leq 0.73, ns$. But as expected, jurors were significantly more likely to empathize with the infant who had no disabilities ($M = 3.16, SD = 1.50$) as compared to the infant who had disabilities ($M = 2.45, SD = 1.24$), $F(1, 170) = 11.62, p < .01$. Jurors also felt significantly more similar to the infant with no disabilities ($M = 2.80, SD = 1.37$) than the infant with disabilities ($M = 2.23, SD = 1.35$), $F(1, 170) = 7.51, p < .01$. Disability status did not significantly affect ratings of victim sympathy, $F(1, 169) = 0.35, ns$.

**Beliefs about the case**

**Main effects of juror gender.** There were significant main effects of juror gender on the Beliefs about the Father scale, $F(1, 173) = 5.08, p < .05$, and the Infant Worth scale, $F(1, 173) = 6.88, p < .01$ (see Table 2 for all means). Specifically, women jurors were significantly more likely than men to have negative beliefs about the father and to feel that the infant was a unique person capable of contributing to society. Men and women did not differ in their beliefs about the father’s mental illness, $F(1, 172) = .20, ns$.

**Main effects of disability.** Significant main effects of disability status on the Father Mental Illness scale revealed that jurors who read about an infant victim who had disabilities were significantly less likely to perceive the defendant as mentally ill and in need of hospitalization ($M = 2.22, SD = 1.06$) as compared to participants who read about a normal infant ($M = 2.60, SD = 1.09$), $F(1, 172) = 5.78, p < .05$. There were no significant main effects of disability status on the Beliefs about the Father Scale, nor the Infant Worth Scale, all $Fs \leq 1.89, ns$.

**Relations among case judgments; sympathy, similarity, and empathy ratings; and beliefs related to the case**

Correlational analyses investigated the relations among case judgments; sympathy, similarity, and empathy ratings; and beliefs about the case (see Table 3). Beliefs about the Father Scale correlated significantly with verdict, sentence, defendant intent to kill, defendant responsibility, mother responsibility, pneumonia responsibility, defendant sympathy, defendant empathy, and defendant similarity. That is, the more jurors believed that the father was a dangerous person, the more likely they were to vote guilty, give longer sentences, and believe the father intended to kill the infant and that he and the mother were responsible for the crime. In addition, the more jurors believed the father was dangerous; the less they believed the pneumonia was responsible for the death; and the less they felt sympathy, empathy, and similarity toward the defendant.

The Infant Worth Scale correlated significantly with the pneumonia responsibility scale and the defendant empathy scale. The more jurors felt the infant’s life was of worth, the less they thought pneumonia was responsible for the death and the less empathy they had for the defendant. The Father Mental Illness Scale significantly correlated only with the mother responsibility scale and the victim similarity scale such that the more jurors thought the defendant was mentally ill, the more they thought the mother was responsible and the more similar they felt toward the victim.
Table 3
Correlation matrix showing relations among juror gender, dependent variables, and potential mediators.

<table>
<thead>
<tr>
<th></th>
<th>Juror gender</th>
<th>Infant disability</th>
<th>Beliefs about the father scale</th>
<th>Infant worth scale</th>
<th>Defendant mental illness scale</th>
<th>Verdict</th>
<th>Sentence</th>
<th>Defendant intent to kill</th>
<th>Defendant responsibility scale</th>
<th>Mother responsibility scale</th>
<th>Pneumonia responsibility scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juror gender</td>
<td>−1.0</td>
<td>−0.03</td>
<td>0.17*</td>
<td>0.08</td>
<td>−0.03</td>
<td>0.17*</td>
<td>0.04</td>
<td>0.17*</td>
<td>0.17*</td>
<td>−0.03</td>
<td>−20**</td>
</tr>
<tr>
<td>Infant disability</td>
<td>−0.03</td>
<td>−1.0</td>
<td>0.08</td>
<td>−0.18</td>
<td>−0.08</td>
<td>−0.08</td>
<td>−0.10</td>
<td>−0.07</td>
<td>−0.07</td>
<td>−0.03</td>
<td>−20**</td>
</tr>
<tr>
<td>Beliefs about the father scale</td>
<td>0.17*</td>
<td>−0.08</td>
<td>−0.11</td>
<td>−0.05</td>
<td>−0.09</td>
<td>0.10</td>
<td>0.11</td>
<td>−0.06</td>
<td>−0.11</td>
<td>−0.04</td>
<td>0.20**</td>
</tr>
<tr>
<td>Infant worth scale</td>
<td>−0.20**</td>
<td>0.08</td>
<td>−1.0</td>
<td>−0.11</td>
<td>−0.05</td>
<td>−0.05</td>
<td>−0.10</td>
<td>−0.06</td>
<td>−0.11</td>
<td>−0.04</td>
<td>0.20**</td>
</tr>
<tr>
<td>Defendant mental illness scale</td>
<td>−0.03</td>
<td>−0.18</td>
<td>−0.11</td>
<td>−0.05</td>
<td>−0.10</td>
<td>0.10</td>
<td>0.03</td>
<td>0.10</td>
<td>0.08</td>
<td>0.28**</td>
<td>−11</td>
</tr>
<tr>
<td>Defendant similarity scale</td>
<td>−0.19</td>
<td>−0.06</td>
<td>−0.38**</td>
<td>0.14</td>
<td>0.08</td>
<td>0.08</td>
<td>−0.36**</td>
<td>−0.27**</td>
<td>−0.40**</td>
<td>−0.41**</td>
<td>−0.07</td>
</tr>
<tr>
<td>Defendant sympathy scale</td>
<td>−0.23</td>
<td>0.01</td>
<td>−0.65**</td>
<td>0.09</td>
<td>−0.02</td>
<td>0.02</td>
<td>−0.54**</td>
<td>−0.14</td>
<td>−0.59**</td>
<td>−0.48**</td>
<td>−0.22**</td>
</tr>
<tr>
<td>Defendant empathy scale</td>
<td>−0.17</td>
<td>−0.05</td>
<td>−0.40**</td>
<td>0.19**</td>
<td>0.02</td>
<td>0.02</td>
<td>−0.29**</td>
<td>−0.24**</td>
<td>−0.29**</td>
<td>−0.30**</td>
<td>−0.11</td>
</tr>
<tr>
<td>Victim similarity scale</td>
<td>0.08</td>
<td>−0.21**</td>
<td>0.09</td>
<td>0.01</td>
<td>0.21**</td>
<td>0.12</td>
<td>0.11</td>
<td>0.07</td>
<td>0.01</td>
<td>0.22**</td>
<td>−0.05</td>
</tr>
<tr>
<td>Victim sympathy scale</td>
<td>0.01</td>
<td>−0.05</td>
<td>0.05</td>
<td>−0.04</td>
<td>0.00</td>
<td>0.02</td>
<td>0.10</td>
<td>0.01</td>
<td>0.05</td>
<td>−0.03</td>
<td>−0.00</td>
</tr>
<tr>
<td>Victim empathy scale</td>
<td>0.04</td>
<td>−0.25**</td>
<td>0.13</td>
<td>−0.00</td>
<td>0.13</td>
<td>0.16</td>
<td>0.12</td>
<td>0.17</td>
<td>0.04</td>
<td>0.21**</td>
<td>−10</td>
</tr>
</tbody>
</table>

* p < .05.
** p < .01.
Finally, Table 3 illustrates relations between sympathy, empathy, and similarity ratings and case judgments. There were no significant relations involving victim sympathy, but jurors who felt more similar to the victim were significantly more likely to believe that the defendant was mentally ill and that the mother was responsible. The more jurors empathized with the victim, the more they were likely to vote guilty, feel the mother was responsible, and that the defendant intended to kill the infant. Significant relations with the parallel defendant judgments indicated that the more jurors felt similar to, sympathy for, and empathy for the defendant, the more positive their beliefs about the father and the less likely they were to vote guilty, the less intent they ascribed to the defendant, the less they held the defendant responsible for the death, and the more they blamed the infant’s pneumonia for the death. The more negative their beliefs about the infant’s worth, the more empathy participants felt for the defendant. Increased feelings of defendant similarity and empathy, but not sympathy, also predicted a more lenient sentence preference, and more defendant sympathy predicted less blame of the mother for the child’s death.

**Mediation analyses**

Next, mediation analyses tested whether jurors’ beliefs and feelings of sympathy, empathy, and similarity could account for the significant effects of the independent variables on case judgments.

**Explaining effects of gender with beliefs related to the case.** Analyses investigated whether gender differences in jurors’ case judgments would be mediated by the case-related beliefs (i.e., Beliefs about the Father Scale, the Infant Worth Scale, and the Father Mental Illness Scale). According to Baron and Kenny (1986), mediation is tested with a series of three separate regressions. The first step of a mediational model is to show that the independent variable (i.e., juror gender) predicts the dependent variables (i.e., belief scales). This was revealed by the ANOVAs reported previously (i.e., verdict, intent to kill, defendant blame, blame attributed to the infant’s pneumonia, but not sentence nor mother responsibility). The second step is to show that the independent variable predicts the proposed mediators (i.e., belief scales). This was also shown by the ANOVAs reported previously for the Beliefs about the Father Scale and Infant Worth Scale, but not the Father Mental Illness Scale. The third step is to show that the proposed mediator predicts the dependent variables. As shown by correlations discussed above, the Beliefs about the Father Scale, but not the Infant Worth Scale was significantly correlated with verdict, defendant intent to kill, defendant responsibility, and pneumonia responsibility. Thus, the Infant Worth Scale was not considered any further as a potential mediator. The final step is to show that when both juror gender and the proposed mediator are entered into a regression equation simultaneously, (a) the mediator (the belief scale) beta coefficient is significant, and (b) the juror gender beta coefficient is no longer significant (full mediation) or is reduced significantly (partial mediation). This would illustrate that the mediators ultimately account for the same variance in case judgments as juror gender (Baron & Kenny, 1986).

Mediation analyses revealed that the Beliefs about the Father Scale fully mediated the effect of juror gender for every case judgment, as indicated by Sobel tests (see Table 4 for regression analyses and Sobel tests). Fig. 1 illustrates these results for

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**Note.** Juror gender was coded as 0 (women) and 1 (men). The Beliefs About the Father Scale ranged from 1 (strongly disagree) to 6 (strongly agree). Verdict was rated as 1 (not guilty), 2 (guilty of reckless conduct), or 3 (guilty of first-degree murder). Higher values on this scale indicate more negative attitudes toward the defendant. The significant beta of .17 next to the solid line represents the direct relationship between juror gender and verdict without including the beliefs about the father scale in the regression equation. The not significant beta of .06 next to the dotted line represents the relationship between juror gender and verdict when the beliefs about the father scale is also included in the regression equation.

*Sobel z = 2.27, p < .05*

*p < .05, ***p < .001*

---

**Fig. 1.** The Beliefs about the Father Scale as a mediator of the effect of juror gender on verdicts. This pattern is illustrative of the pattern found across other dependent measures for the Beliefs about the Father Scale.
Explaining effects of gender with defendant and victim empathy, sympathy, and similarity. As shown in Table 3, juror gender significantly negatively correlated with defendant (but not victim) empathy, sympathy, and similarity, which in turn were significantly correlated with verdict, defendant intent to kill, defendant responsibility, and pneumonia responsibility.

Mediation analyses revealed that defendant empathy, sympathy, and similarity significantly mediated the effect of juror gender for every case judgment, as indicated by Sobel tests. (Note that there were no differences in the pattern of results when we conducted three separate sets of mediation analyses using defendant empathy, sympathy, and similarity as distinct mediators.) These results are summarized in Table 5, and in Fig. 2, which shows the results of the mediation analyses for verdict and is illustrative of the pattern for all other significant mediation. Specifically, in the first step of the mediation analyses, women made more pro-prosecution judgments than men. Second, a series of individual regression analyses for each case judgment and juror gender showed that women were significantly more likely to endorse the Beliefs about the Father Scale (i.e., believe the father was bad and dangerous). Third, for each case judgment, we entered juror gender simultaneously with the mediator into the regression equation with juror gender, the effects of juror gender on all case judgments were no longer significant or decreased significantly. Juror gender no longer significantly influenced case judgments after accounting for the effects of defendant empathy, sympathy, and similarity. Viewpoint: The results of regression analyses testing whether the beliefs about the father scale mediates the effect of juror gender on case judgments.

Explaining effects of infant disability status. As discussed above, infant disability status had a significant effect on only one of the case judgments: sentence. Disability status, however, did not significantly affect jurors’ beliefs nor their feelings of sympathy for, empathy for, and similarity toward the defendant, so there was no possibility of mediation.

Discussion

This study exploring the influence of juror gender and infant disability status on jurors’ reactions to a father-perpetrated infanticide revealed a number of interesting effects that contribute to the limited literature on infanticide.
Table 5
The results of regression analyses testing defendant empathy, similarity, and sympathy mediates the effect of juror gender on case judgments.

<table>
<thead>
<tr>
<th>Case judgments</th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>R²</th>
<th>Sobel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verdict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression 1 (juror gender &amp; verdict)</td>
<td>.20</td>
<td>.09</td>
<td>.17*</td>
<td>.03*</td>
<td></td>
</tr>
<tr>
<td>Regression 2 (juror gender &amp; mediators)</td>
<td>≥−.46</td>
<td>.18</td>
<td>−.19*</td>
<td>.04*</td>
<td></td>
</tr>
<tr>
<td>Regression 3 (juror gender &amp; verdict)</td>
<td>.03</td>
<td>.08</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Verdict &amp; mediators)</td>
<td>≤−.16</td>
<td>.03</td>
<td>−.50***</td>
<td>.55***</td>
<td>2.30*</td>
</tr>
<tr>
<td>Defendant intent to kill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression 1 (juror gender &amp; intent to kill)</td>
<td>.53</td>
<td>.23</td>
<td>.17*</td>
<td>.03*</td>
<td></td>
</tr>
<tr>
<td>Regression 2 (juror gender &amp; mediators)</td>
<td>≥−.46</td>
<td>.18</td>
<td>−.19*</td>
<td>.04*</td>
<td></td>
</tr>
<tr>
<td>Regression 3 (juror gender &amp; intent to kill)</td>
<td>.07</td>
<td>.20</td>
<td>.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intent to kill &amp; mediators)</td>
<td>≤−.51</td>
<td>.07</td>
<td>−.57***</td>
<td>.61***</td>
<td>2.41*</td>
</tr>
<tr>
<td>Defendant responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression 1 (juror gender &amp; defendant responsibility)</td>
<td>.36</td>
<td>.16</td>
<td>.17*</td>
<td>.03*</td>
<td></td>
</tr>
<tr>
<td>Regression 2 (juror gender &amp; mediators)</td>
<td>≥−.46</td>
<td>.18</td>
<td>−.19*</td>
<td>.04*</td>
<td></td>
</tr>
<tr>
<td>Regression 3 (juror gender &amp; defendant responsibility)</td>
<td>.05</td>
<td>.14</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Defendant responsibility &amp; mediators)</td>
<td>≤−.22</td>
<td>.05</td>
<td>−.37***</td>
<td>.53***</td>
<td>2.21*</td>
</tr>
<tr>
<td>Pneumonia responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression 1 (juror gender &amp; pneumonia responsibility)</td>
<td>−.37</td>
<td>.14</td>
<td>−.20**</td>
<td>.04*</td>
<td></td>
</tr>
<tr>
<td>Regression 2 (juror gender &amp; mediators)</td>
<td>≥−.46</td>
<td>.18</td>
<td>−.19*</td>
<td>.04*</td>
<td></td>
</tr>
<tr>
<td>Regression 3 (juror gender &amp; pneumonia responsibility)</td>
<td>−.18</td>
<td>.14</td>
<td>−.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Pneumonia responsibility &amp; mediators)</td>
<td>≤.14</td>
<td>.05</td>
<td>.26***</td>
<td>.17***</td>
<td>1.89*</td>
</tr>
</tbody>
</table>

Note: Men were coded as zero and women as one. “β” represents standardized beta coefficient, “SE β” represents the standard error of beta, “B” represents the unstandardized beta coefficient. “Regression 3” indicates the relationship between the independent variable (gender) and the dependent variable while also controlling for the mediators. The resulting beta of this relationship for all was reduced and the relationship between the mediator and the dependent variable was significant, indicating mediation occurred.

* p < .05.
** p < .01.
*** p < .001.

Juror gender

Consistent with the predictions, juror gender had pervasive effects across case judgments and attitudes. Of most importance, there was a main effect of juror gender on verdict, such that women were more likely than men to vote for a harsh verdict. Women were also more likely than men to attribute intent to kill to the defendant, more likely to blame the defendant for the infant’s death, and less likely to attribute blame to the infant’s pneumonia. Compared to men, women had more negative beliefs about the father and believed the infant had more worth to society. Men were more likely than women to have feelings of empathy for, sympathy for, and similarity to the defendant. Together, these findings are in line with gender

Note. Juror gender was coded as 0 (women) and 1 (men). Defendant empathy, sympathy, and similarity ranged from 1 (low in empathy, sympathy, similarity) to 7 (high in empathy, sympathy, similarity). Verdict was rated as 1 (not guilty), 2 (guilty of reckless conduct), or 3 (guilty of first-degree murder). The significant beta of .17 next to the solid line represents the direct relationship between juror gender and verdict without including the defendant empathy, sympathy, and similarity scales in the regression equation. The not significant beta of .03 next to the dotted line represents the relationship between juror gender and verdict when the defendant empathy, sympathy, and similarity scales are also included in the regression equation.

*a Sobel z = 2.30, p < .05
*p < .05, ***p < .001

Fig. 2. Defendant empathy, sympathy, and similarity as mediators of the effect of juror gender on verdicts. This pattern is illustrative of the pattern found across other dependent measures.
differences found in research on jurors’ perceptions of child sexual abuse, in which women are consistently more pro-prosecution than are men (for a review, see Bottoms et al., 2007). Thus, this study establishes that juror gender differences in reactions to child sexual abuse cases may generalize to infanticide.

In the only other published study of jurors’ perceptions of infanticide, Finkel et al. (2000) also found juror gender differences, but they interpreted these findings as unexpected and provided little insight into underlying causes for these effects. The present research extends theirs not only by identifying juror gender differences, but also by exploring what helps to explain such juror gender differences. As theorized by Bottoms (1993), gender is merely a proxy variable for a variety of other underlying factors such as gender differences in experiences and attitudes. In fact, Bottoms showed that gender differences in child sexual abuse case judgments are explained in part by individual differences in child victim empathy and in attitudes, especially empathy and attitudes toward children’s general believability. In the present study, gender differences in jurors’ case judgments were explained in part by negative beliefs about the father/defendant and by feelings of similarity to, sympathy for, and empathy for the defendant. Specifically, as predicted, women were more likely than men to believe the defendant was a bad person and felt less sympathy for, empathy for, and similarity to the defendant. Finally, when these constructs were statistically controlled, juror gender differences in case judgments became non-significant.

The finding that men felt more similar than women to a male defendant and in turn treated him more leniently than women might be evidence for the similarity-leniency effect discussed by Haegerich and Bottoms (2000). Yet Finkel et al. (2000) found that women mock jurors were more pro-prosecution in a case of mother-perpetrated infanticide—a situation in which the similarity-leniency hypothesis would predict that, compared to men jurors, women would feel similar to and treat a woman defendant more leniently. Thus, the similarity-leniency hypothesis alone is an inadequate explanation for juror gender differences in cases of infanticide. Instead, it appears that women are more pro-prosecution in such cases than men regardless of perpetrator gender.

Disability status

Because people hold largely negative attitudes toward people with disabilities (e.g., Turnbull, 1986), participants were expected to feel less need for retribution when a disabled infant was murdered than when a non-disabled infant. Yet infant disability had no significant effects on verdict, perceptions of the defendant’s intent to kill, attributions of responsibility, feelings of similarity to and sympathy and empathy for the defendant, beliefs about the father, or beliefs about the infant’s worth as a person. There was, however, some support for the hypothesis that participants would devalue a disabled infant. Specifically, participants who considered a case involving a severely disabled infant (as compared to a non-disabled infant) recommended shorter sentences for the defendant. This mirrors the pattern seen in news stories in which defendants convicted of murdering infants with severe disabilities are often given light sentences or even simply probation (e.g., Rundle, 2006; Sobsey, 2000).

Sentence might be a more sensitive measure of the true value placed on the life of the infant. That is, disability status may not have a strong enough effect on jurors’ perceptions to affect verdicts in cases like this. The only three possible verdict choices were not guilty, guilty of reckless conduct, and guilty of first-degree murder. Sentence, however, could be thought of as a more sensitive measure, a dependent variable totally at the discretion of the participant. Thus disability status might still have an effect that is legally relevant, at least in jurisdictions (such as Virginia) where jurors render sentences.

When the infant was portrayed as disabled instead of non-disabled, mock jurors felt less sympathy for and less similarity to the infant and were less likely to believe that the defendant was mentally ill at the time of his son’s death. This might reflect a belief that disabled infants would be more difficult to care for than non-disabled infants, and that therefore the killing was somehow justified. That is, participants may have been sensitive to the fact that a severely disabled infant would require extraordinary care, which would cause great stress on a parent, and that therefore, a parent might seem less “crazy” for killing a disabled than a non-disabled baby. Participants may simply not find it as reprehensible to kill a disabled versus a non-disabled infant. In contrast, killing an infant with no disabilities might be viewed as more problematic, thereby requiring the justification of a parent being mentally unstable.

Even so, the overall lack of disability effects on central case judgments overshadows the few effects we found. Although it is possible that jurors are truly not affected by infant disability status, given anecdotal reports in the news media and an established body of psychological research showing negative attitudes toward the disabled, more research is warranted before that conclusion is drawn. Consider a 2004 New Zealand case, in which a man was tried and acquitted for the murder of his severely intellectually disabled infant daughter. Physicians told her parents that although she might live as long as 20 years, she would never walk, talk, eat solid food, or sit up without assistance. On the night that prognosis was delivered, the father smothered the child. This man was described as a “devoted and loving father” whose acquittal was “the least bad
be exposed to people with disabilities on a regular basis, and may, in turn, have had more liberal attitudes toward disability than people in the general population. Perhaps more pervasive effects of disability status would be found with an older community sample.

Contrary to expectation, we did not find support for the interaction prediction between juror gender and infant disability status.

One potential limitation of this study is that direction of causal consequence cannot be argued definitively from these analyses because participants completed the measures of mediating constructs temporally after verdict responses. Methodologically, this was necessary so that the scale measures did not influence the verdicts. Even so, the mediation analyses contribute to understanding the psychological processes that underlie jurors’ decisions in this case. For example, part of the reason men and women respond differently in their case judgments is because their attitudes differ. The fact that the scales come after the case judgments does not make this statement any less true—the variance in juror gender, attitudes, and scales overlap in a meaningful way.

Finally, one can argue whether people can meaningfully empathize with an infant. Although participants might not be able to imagine themselves in the place of an infant with the same accuracy that they might be able to imagine themselves in the place of an adult, accuracy of the ability to take another’s perspective is not at issue in understanding people’s feelings of empathy and the relation between those feelings and case judgments. These results suggest that participants believe that they can take the perspective of an infant, which is psychologically meaningful. Otherwise, participants would have rated their ability to empathize as 1 on the scale measure of empathy, which ranged from 1 to 7, and we would have had floor effects that would have made detection of an effect of any independent variable impossible. Instead, there was no floor effect. The mean for the infant disability condition was 2.45 and the mean for the non-disabled infant condition was 3.16, a significant difference in the direction we predicted.

Conclusion

This study extends the field of research on jurors’ perceptions of child abuse cases to an understudied form of child maltreatment: infanticide. There were pervasive effects of juror gender. Women mock jurors were more pro-prosecution than were men. Further, underlying psychological mechanisms accounting for these gender differences, at least in part, were identified. As compared to women, men had more favorable attitudes toward the father perpetrator and felt more sympathy for, similarity to, and empathy for this defendant. Although effects were not pervasive, there were some interesting displays of discrimination when the infant was portrayed as intellectually disabled compared to non-disabled. Jurors felt less empathic toward and similar to the disabled victim, recommended fewer years in prison for the father who killed his disabled child compared to non-disabled child, and felt that the father was less likely to be mentally ill for killing a disabled child than a non-disabled child. Thus, the study adds to the disability studies literature as well as the child abuse and psychology and law literatures. Even so, it is clear that future research should extend this line of research to replicate our current results and to take the research in new directions by, for example, varying the type of child disability, varying child gender or race, and so forth.

In conclusion, the present study provides an important step in research on perceptions of infanticide, a body of research that has the potential to facilitate fairness and justice by informing researchers and legal professionals about extralegal factors that influence perceptions of such cases.

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References


